

Case Number:	CM15-0115728		
Date Assigned:	06/24/2015	Date of Injury:	05/05/2012
Decision Date:	07/22/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 39-year-old female who sustained an industrial injury on 05/05/2012. Diagnoses include cervical/neck pain; lumbar sprain/strain; cervical radiculitis; shoulder impingement; patellofemoral syndrome; and chronic pain syndrome. Treatment to date has included medications, physical therapy, left shoulder cortisone injection, epidural steroid injections, TENS unit, chiropractic care, home exercise and cognitive behavioral therapy. According to the progress notes dated 6/8/15, the IW reported pain in the neck, left shoulder and knee rated 7/10. On examination, sensation was decreased to light touch in the left C5-8 dermatomes. Electrodiagnostic testing on 7/7/12 found evidence consistent with left-sided cervical radiculopathy, most likely involving the C6 nerve root, but possibly the C4 and/or C7 as well. MRI of the cervical spine on 8/15/12 showed disc protrusion at C4-5 without central canal stenosis; C5-6 disc extrusion with spinal canal stenosis; and 75% narrowing of the right C6-7 foramen. Medications were Lidoderm patches, Lidopro, Cyclobenzaprine, Gabapentin, Naproxen and Fioricet. A request was made for MRI of the cervical spine to rule-out cervical radiculopathy and spinal instability and electromyography (EMG) of the bilateral upper extremities to rule-out radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 1 Prevention Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

Decision rationale: Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any failed conservative treatment, specific acute change or progressive deficits in clinical findings to support this imaging study as the patient is without documented correlating neurological deficits consistent with any dermatomal pattern or motor strength loss. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI cervical is not medically necessary or appropriate.

EMG bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

Decision rationale: Review indicates no radicular complaints. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for EMG has not been established. Submitted reports have not demonstrated any symptoms or correlating clinical findings to suggest any cervical radiculopathy. Exam showed diffuse decreased sensation in C5-8 without specific consistent myotomal or dermatomal correlation with MRI to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic injury of 2012 without new injury or acute changed findings. The EMG bilateral upper extremities are not medically necessary or appropriate.

